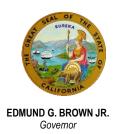


## State of California—Health and Human Services Agency California Department of Public Health



December 7, 2015 AFL 15-25

**TO:** Acute Psychiatric Hospitals

General Acute Care Hospitals

**Special Hospitals** 

**SUBJECT:** Senate Bill (SB) 675: Hospital Discharge Planning and Family Caregivers

**AUTHORITY:** Health and Safety Code section 1262.5

## **All Facilities Letter (AFL) Summary**

This AFL informs hospitals of the chaptering of SB 675, which requires
hospitals to update their discharge planning policies and procedures to
include specified provisions relating to a patient's family caregiver.

Effective January 1, 2016, SB 675 (Chapter 494, Statutes of 2015) requires general acute care hospitals, acute psychiatric hospitals, and special hospitals to update their discharge planning policy and procedures to include new requirements related to patient designated family caregivers and to ensure that discharge planning is appropriate based on the needs of the patient. "Family caregiver" is defined as a relative, friend or neighbor who provides assistance related to an underlying physical or mental disability but who is unpaid for those services.

SB 675 adds new requirements to the existing hospital discharge planning policy requirements in Health and Safety Code (HSC) section 1262.5, including requiring that hospitals provide each admitted inpatient with the opportunity to identify one family caregiver who may assist in post-hospital care and record the designated caregiver's information in the patient's medical record. If the patient or legal guardian declines to designate a caregiver, the hospital must document the declination in the patient's medical record. In the event that the patient is unconscious or otherwise incapacitated upon admittance, the hospital must provide the patient with the opportunity to identify the caregiver after the patient recovers consciousness or capacity.



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SB 675 also requires hospitals to notify a patient's designated family caregiver of the patient's discharge or transfer to another facility as soon as possible, but at a minimum, upon issuance of a discharge order by an attending physician. Inability to contact the designated family caregiver should not interfere, delay, or otherwise affect the medical care or discharge of the patient, and attempts to contact the caregiver must be recorded in the patient's medical record.

Each hospital's discharge planning policy must ensure that discharge planning is appropriate based on the condition of the patient and the patient's discharge destination, and meets the needs and acuity of the patient. The discharge planning process must include informing the family caregiver of the patient's continuing health care needs after discharge and providing the caregiver an opportunity to engage in and ask questions during the discharge planning process. This should include providing information and instruction on a patient's post hospital care needs, and when applicable, include education and counseling about the patient's medications, including proper dosing and proper use of medication delivery devices. Additionally, information and instruction must be provided in a culturally competent manner and in a language that is comprehensible to the patient and caregiver.

SB 675 specifies that the new discharge planning requirements do not require a hospital to adopt a policy that would delay discharge or transfer of a patient, or to disclose information to a caregiver if the patient has not provided consent meeting state and federal standards governing the privacy and security of protected health information. These requirements do not supersede or modify any federal or state law protecting privacy and information security, including the federal Health Insurance Portability and Accountability Act.

The information in this AFL is a brief summary of the changes that SB 675 makes to the HSC. Facilities are responsible for following all applicable laws. The California Department of Public Health's failure to expressly notify facilities of statutory or regulatory requirements does not relieve facilities of their responsibility for following all laws and regulations. Facilities should refer to the full text of all applicable sections of the HSC and Title 22 of the California Code of Regulations to ensure compliance.

If you have any questions, please contact your respective district office.

Sincerely,

## Original signed by Jean lacino

Jean lacino Deputy Director